Schedule E)	PAGE 1 OF 37 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	M M / D D / Y Y Y Y
Check if 24-hour report 48-hour report New	v report Amends report filed on
Full Name of Payee Theresa a Youngblood	Date of Public Distribution/Dissemination
	11 26 2014
Mailing Address 102 S Main Street Apt A2	Amount
City State	Zip Code 10.00
Berryville VA	22611 Transaction ID : 4feb6e4d-f8e6-4a8d-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 11 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
Full Name of Payee Heather A Smith	Date of Public Distribution/Dissemination
	11 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 995 Clairborne Rd	Amount
City State	Zip Code 37.00
Calhoun LA	71225 Transaction ID : 565325c1-8fba-4f05-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 11 26 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	47.00
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	• • • • • • • • • • • • • • • • • • •
. , , , , , , , , , , , , , , , , , , ,	tures reported herein were not made in cooperation, consultation, or concert orized committee or agent of either, or (if the reporting entity is not a political
	ectronically Filed] Date 11 28 2014
Signature	

Calhoun LA 71225 Transaction ID: e4fd0b02-6298-406a Date of Disbursement or Obligation Purpose of Expenditure Mileage Category/ Type O02 Transaction ID: e4fd0b02-6298-406a Date of Disbursement or Obligation Office Sought: House District: Support Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Lesley Lennox Mailing Address 2305 Cleary Ave City State LA 70001 Transaction ID: e4fd0b02-6298-406a Date of Disbursement or Obligation Office Sought: House District: Other (specify) Amount City State Zip Code Transaction ID: e3d47f49-93d3-4bed-Date of Disbursement or Obligation Purpose of Expenditure Salary Other (specify) Transaction ID: e3d47f49-93d3-4bed-Date of Disbursement or Obligation Other (specify) Transaction ID: 03d47f49-93d3-4bed-Date of Disbursement or Obligation Other (specify) Amount City State Category/ Type Oo1 Office Sought: House District: House District:	/48
Check if	ER ▼
Full Name of Payee Heather A Smith Mailing Address 995 Clairborne Rd	
Mailing Address gg5 Clairborne Rd	Y
Mailing Address 995 Clairborne Rd Amount City State Zip Code Calhoun LA 71225 Purpose of Expenditure Mileage Category/ Name of Federal Candidate Ms. Mary L Landrieu Support Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Lesley Lennox Mailing Address 2305 Cleary Ave City State Zip Code Metairie LA 70001 Category/ Type 002 Transaction ID : e4rdobo2-6298-406a Date of Disbursement or Obligation Miling Address Support Office Sought: House District: Disbursement For: Primary Ger 2014 Other (specify) ▶ Date of Public Distribution/Disseminat Mailing Address 2305 Cleary Ave Amount City State Zip Code Metairie LA 70001 Purpose of Expenditure Salary Category/ Type 001 Transaction ID : 03d47f49-93d3-4bed Date of Disbursement or Obligation Transaction ID : 03d47f49-93d3-4bed Date of Disbursement or Obligation Office Sought: House District: Ms. Mary L Landrieu Support Ms. Mary L Landrieu Support Office Sought: House District: Ms. Mary L Landrieu Support Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary See	ition
City State Zip Code Calhoun LA 71225 Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought City State Zip Code Transaction ID : e4fd0b02-6298-406a Date of Disbursement or Obligation Mailing Address 2305 Cleary Ave Category/ Type 002 President X Senate State: L Calendar Year-To-Date Per Election for Office Sought Transaction ID : 03d47f49-93d3-4bed-Date of Disbursement or Obligation Transaction ID : 03d47f49-93d3-4bed-Date of Disbursement or Obligation Transaction ID : 03d47f49-93d3-4bed-Date of Disbursement or Obligation Purpose of Expenditure Salary Category/ Type 001 Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Support Office Sought: House District: Oppose President X Senate State: L Category/ Type 001 Support Office Sought: House District: Oppose President X Senate State: L Disbursement For: Primary X Ge Disbursement For: Primary X	
Calhoun LA 71225 Transaction ID: e4fd0b02-6298-406a Date of Disbursement or Obligation Mileage Category/ Type O02 Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Mailing Address 2305 Cleary Ave City Metairie LA 70001 Name of Federal Candidate LA 70001 Name of Payee Lesley Lennox Category/ Type Office Sought: House District: Primary Ger 2014 Other (specify) Transaction ID: 03d47f49-93d3-4bed- Date of Disbursement For: Primary Ger 2014 Amount City State Category/ Type O01 Transaction ID: 03d47f49-93d3-4bed- Date of Disbursement or Obligation Transaction ID: 03d47f49-93d3-4bed- Date of Disbursement or Obligation Transaction ID: 03d47f49-93d3-4bed- Date of Disbursement or Obligation Other (specify) Transaction ID: 03d47f49-93d3-4bed- Date of Disbursement or Obligation Other (specify) Transaction ID: 03d47f49-93d3-4bed- Date of Disbursement or Obligation Other (specify) Transaction ID: 03d47f49-93d3-4bed- Date of Disbursement or Obligation Other (specify) Transaction ID: 03d47f49-93d3-4bed- Date of Disbursement or Obligation Other (specify) Transaction ID: 03d47f49-93d3-4bed- Date of Disbursement or Obligation Other (specify) Transaction ID: 03d47f49-93d3-4bed- Date of Disbursement or Obligation Other (specify) Transaction ID: 03d47f49-93d3-4bed- Date of Disbursement or Obligation Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Transaction ID: 03d47f49-93d3-4bed- Date of Disbursement or Obligation Other (specify)	
Calhoun LA 71225 Transaction ID: e4fd0b02-6298-406a Date of Disbursement or Obligation Purpose of Expenditure Mileage Category/ Type O02 Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought City Mailing Address 2305 Cleary Ave City Metairie LA 70001 Name of Federal Candidate LA 70001 Transaction ID: e4fd0b02-6298-406a Date of Disbursement or Obligation Miling Address Support Office Sought: House District: Primary Senate State: L Other (specify) ► Date of Public Distribution/Disseminat Transaction ID: 03d47f49-93d3-4bed-Date of Disbursement or Obligation Transaction ID: 04d47f49-93d3-4bed-Date of Disbursement or Obligation Transaction ID: 04d47f49-93d3-4bed-Date of Disbursement or Obligation Transaction ID: 04d47f49-93d3-4bed-Date of Disbursement or Obligation Transaction ID: 04d47f49-93d4-Pate of Disbursement or Obligation	1.90
Purpose of Expenditure Mileage Category/ Type 002	
Ms. Mary L Landrieu Calendar Year-To-Date President Senate State:	
Ms. Mary L Landrieu Calendar Year-To-Date President Senate State:	00
Per Election for Office Sought Full Name of Payee Lesley Lennox Mailing Address 2305 Cleary Ave City State Zip Code Metairie LA 70001 Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought 311770.47 Date of Public Distribution/Disseminat Amount Transaction ID: 03d47f49-93d3-4bed- Date of Disbursement or Obligation Category/ Type 001 Transaction ID: 03d47f49-93d3-4bed- Date of Disbursement or Obligation M M M M D D D D D D D D D D D D D D D	LA
Full Name of Payee Lesley Lennox Mailing Address 2305 Cleary Ave City State Zip Code Metairie LA 70001 Purpose of Expenditure Salary Category/ Type Transaction ID: 03d47f49-93d3-4bed- Date of Disbursement or Obligation Category/ Type Ont Support Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Category/ Type Date of Public Distribution/Disseminat Amount Transaction ID: 03d47f49-93d3-4bed- Date of Disbursement or Obligation Min	eneral
Mailing Address 2305 Cleary Ave City State Zip Code Metairie LA 70001 Purpose of Expenditure Salary Category/ Type 001 Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Titl 26 2014 Amount Transaction ID: 03d47f49-93d3-4bed-Date of Disbursement or Obligation Office Sought: House District: Support Office Sought: House District: Support Sought: President Senate State: Disbursement For: Primary Ge	
City State Zip Code Metairie LA 70001 Transaction ID: 03d47f49-93d3-4bed-Date of Disbursement or Obligation Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought State Zip Code 37.5 Transaction ID: 03d47f49-93d3-4bed-Date of Disbursement or Obligation M11 26 2014 Support Office Sought: House District: Oppose President Senate State: Disbursement For: Primary Ge	
Metairie LA 70001 Transaction ID: 03d47f49-93d3-4bed-Date of Disbursement or Obligation Purpose of Expenditure Salary Category/ Type O01 Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Support Office Sought: House District: Oppose President Senate State: Disbursement For: Primary Ge 2014	
Purpose of Expenditure Salary Category/ Type Ont Date of Disbursement or Obligation Manuel of Federal Candidate Support Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Support Office Sought: House District: Disbursement or Obligation Manuel of Federal Candidate Support Office Sought: Disbursement For: Primary Ge 2014	
Salary Salary Outegory, Type Outegory, Type	
Ms. Mary L Landrieu Support Office Sought House District.	
Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Senate State: Disbursement For: 2014 Primary Ge	00
Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary Ge 2014	LA
	eneral
(a) SUBTOTAL of Itemized Independent Expenditures	0
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or conwith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a poliparty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11 28 2014	
Signature	

PAGE 2

OF

Schedule E)	INI EXPEND	ITOTILO		PAGE 3 OF 37 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Lesley Lennox			M = M	c Distribution/Dissemination
Mailing Address 2305 Cleary Ave			Amount	26 2014
City	State	Zip Code		7.50
Metairie	LA	70001		ID: fa7b4c0e-188a-4a74-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	26 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	3	311770.47	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Antoinette Franklin			M 11	26 2014
Mailing Address 8822 Apple St			Amount	
City	State	Zip Code		50.00
New Orleans	LA	70188		D: ada36097-e4f9-40fb-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	26 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		311770.47	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ures		·	57.50
(b) SUBTOTAL of Unitemized Independent Expen	ditures		. >	
				7 7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or in	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 28	2014
•				

Schedule E)	WI EXI END	TOTILO		PAGE 4 OF 37 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/
Full Name of Payee Antoinette Franklin			M	
Mailing Address 8822 Apple St			Amount	26 2014
City	State	Zip Code		12.00
New Orleans	LA	70188		ion ID : ada6dade-55b9-4c9b-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	3	311770.47	Disbursement For 2014 Othe	or:
Full Name of Payee			Date of F	Public Distribution/Dissemination
Tammay Williams			M 11	
Mailing Address 924 N. Prieur St			Amount	
City	State	Zip Code		70.00
New Orleans	LA	70116		on ID : 12003287-bbba-4962-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Noppose Noppose	President	
Calendar Year-To-Date Per Election for Office Sought	7 7	311770.47	Disbursement F 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		•	82.00
(b) SUBTOTAL of Unitemized Independent Expendent	ditures			
				7 7
(c) TOTAL Independent Expenditures			· •	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		28 2014
5.g.iataro				

Schedule E)	L /(1 L /(2)	101120		PAGE 5 OF 37 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y B Y B Y B Y
Full Name of Payee Tammay Williams			M	f Public Distribution/Dissemination
Mailing Address 924 N. Prieur St			Amoun	11 26 2014 t
City	State	Zip Code		16.50
New Orleans	LA	70116		action ID : 261bbc27-59b8-4baa-b f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	11 26 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	3	11770.47	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee Corey S McKnight			M	f Public Distribution/Dissemination
Mailing Address 1510 Bailey St			Amour	11 26 2014 It
City	State	Zip Code		40.00
West Monroe	LA	71292		ction ID : 4ac585bc-6652-42fa-b f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 26 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, , ,	311770.47	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· [56.50
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M /	28 2014
Signature				

Schedule E)	ENDENT EXTEND	TOTILO		PAGE 6 OF 37 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hou	ur report New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Carla K Pilgreen			M = M	lic Distribution/Dissemination
Mailing Address 212 Stonecliff Dr			Amount	26 2014
City	State	Zip Code		30.00
West Monro	LA	71291		n ID : 4f85d73c-e250-4843-a pursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	26 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	3	11770.47	Disbursement For: 2014 Other (s	Primary ⊠ General
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
Carla K Pilgreen			M = M	26 2014
Mailing Address 212 Stonecliff Dr				20 2014
			Amount	
City	State	Zip Code		6.00
West Monro	LA	71291		ID: ff8934d8-d3b8-4adf-9 bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	26 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	311770.47	Disbursement For: 2014 Other (Primary X General specify) ▶
_				
(a) SUBTOTAL of Itemized Independent	nt Expenditures		·· >	36.00
(b) SUBTOTAL of Unitemized Independent	dent Expenditures		·- >	4
(c) TOTAL Independent Expenditures			· •	4
Under penalty of perjury I certify that t with, or at the request or suggestion of party committee) any political party con	, any candidate or authorized			
Ms. Emily Buchanan	[Electroni	ically Filed] Date	e 11 / 28	
Signature				

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed	d on Man / Dab / Yayayay
Full Name of Payee Francis Richardson	Date of Public Distribution/Dissemination
	11 26 2014
Mailing Address 220 Doucet Rd	Amount
City State Zip Code	40.00
Lafayette LA 70503	Transaction ID : bbcafbf7-0bc9-4716-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary ⊠ General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Francis Richardson	11 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 220 Doucet Rd	Amount
City State Zip Code	1.20
Lafayette LA 70503	Transaction ID: 0349df90-24d8-4e8c-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	11 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	ee Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought Disb 2014	oursement For: Primary General Other (specify)
· · · · · · · · · · · · · · · · · · ·	
(a) SUBTOTAL of Itemized Independent Expenditures	41.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Bato	11 28 2014
Signature	

Schedule E)	NI EXI END	TOTIES		PAGE 8 OF 37 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DIDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Gary W Fuhrmann			Date of Pu	ublic Distribution/Dissemination
Mailing Address 9425 Jessica Drive			11	26 2014
			Amount	
City	State	Zip Code		52.50
Shreveport Surger districts	LA	71106		on ID: 4e4c2875-78db-4a92-a sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	/ 26 / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	;	311770.47	Disbursement For 2014 Other	r: Primary X General (specify) ▶
Full Name of Payee			Date of Po	ublic Distribution/Dissemination
Gary W Fuhrmann			11	26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9425 Jessica Drive			Amount	
City	State	Zip Code		9.60
Shreveport	LA	71106		n ID: 870fc36c-60de-4609-9 isbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 11	/ 26 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	311770.47	Disbursement Fo 2014 Other	r: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			62.10
.,			,	7 7 7
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•	7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		2014
Signature				

Schedule E)	T EXTEND	TOTILO		PAGE 9 OF 37 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M / D = D / Y = Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Cynthia N Schmit			M 1	
Mailing Address 2226 Taft Circle Apt 1			Amount	
City	State	Zip Code		10.00
Winchester	VA	22601		ction ID: 80bda12b-6d74-4d99-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	Bate of	M / D D / Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presiden	t Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	3	311770.47	Disbursement I 2014 Oth	For: Primary
Full Name of Payee	-		Date of	Public Distribution/Dissemination
Taylor De Julian-Hernandez			1	1 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 284 Cr 1401			Amount	
City	State	Zip Code		100.00
Carthage	TX	75633		tion ID : 82499e87-efbe-46f2-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 1	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	Presiden	t Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	311770.47	Disbursement 2014 Oth	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es		· [110.00
				7 1 7 1 7
(b) SUBTOTAL of Unitemized Independent Expendi	tures		•	7
(c) TOTAL Independent Expenditures			· •	4 1 4 1 4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		28 2014
-				

Sch	nedule E)	L /(1 L /(2)	10.120		PAGE 10 OF 37 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Ched	ck if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	Full Name of Payee Taylor De Julian-Hernandez				of Public Distribution/Dissemination
1	Mailing Address 284 Cr 1401			Amou	11 26 2014 nt
	City	State	Zip Code		45.00
- 1	Carthage	TX	75633		action ID : afbee588-9df2-4bbf-a of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		11 26 / Y Y Y Y Y
Ī	Name of Federal Candidate		Support	Office Sough	t: House District: 00
	Ms. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	3	311770.47	Disbursement 2014 O	t For:
	Full Name of Payee Hilary Townsend				of Public Distribution/Dissemination
	Mailing Address 4506 US Hwy 79 North			Amou	11 26 2014 nt
	City	State	Zip Code	-	100.00
	Deberry	TX	75639		ction ID : 5aa30f01-1505-446d-b of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 26 / 2014
	Name of Federal Candidate		Support	Office Sough	t: House District:00
	Ms. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought		311770.47	Disbursemen 2014 O	t For:
(a	a) SUBTOTAL of Itemized Independent Expenditures	S		· -	145.00
(t	b) SUBTOTAL of Unitemized Independent Expenditu	ıres		· •	141141
(0	c) TOTAL Independent Expenditures			· [
W	Inder penalty of perjury I certify that the independentith, or at the request or suggestion of, any candidate arty committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	cically Filed] Date	e 11	28 2014
	Signature				

Schedule E)	INI EXI END	ITOTILO		PAGE 11 OF 37 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			ı	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee Hilary Townsend				Public Distribution/Dissemination
Mailing Address 4506 US Hwy 79 North				11 26 2014
4506 OS HWy 79 NOITH			Amoun	t
City	State	Zip Code		83.40
Deberry	TX	75639		ction ID: abffc2a1-7299-4ba1-a f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	, ,	311770.47	Disbursement 2014 Oth	For: Primary
Full Name of Payee			Date o	f Public Distribution/Dissemination
Alice K Salazar				11 26 2014
Mailing Address 605 W Houston St			Amoun	t
City	State	Zip Code		100.00
Marshall	TX	75633		etion ID : 392fcc72-157a-4c7a-a f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 26 / 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	311770.47	Disbursement 2014 Ot	For: Primary X General her (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			183.40
(b) SUBTOTAL of Unitemized Independent Expen-	diturae			
(b) SOBTOTAL OF OFMORTIZED INDEPENDENT EXPENS	Jitures		· L.	4
(c) TOTAL Independent Expenditures			· .	7 7 7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 /	28 2014
-				

Schedule E)	A DIVERNI DA DIVE	10.120		PAGE 12 OF 37 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour	ur report New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Alice K Salazar			M 1	
Mailing Address 605 W Houston St			Amount	
City	State	Zip Code		56.40
Marshall	ТХ	75633		ction ID: 38d96fdb-01d5-4c2d-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 1	M / D D / Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	3	11770.47	Disbursement F 2014 Othe	For: Primary X General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Lilly Green			M	
Mailing Address 205 Medallion Circl				1 26 2014
200 Michallott Cito	E		Amount	
City	State	Zip Code		80.00
Shreveport	LA	71119	Transact Date of	tion ID : fd7cf084-eb6a-4e6f-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	1	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought		311770.47	Disbursement I 2014 Oth	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent	ıt Expenditures		· ·	136.40
(b) SUBTOTAL of Unitemized Indepen	dent Expenditures		· •	7 1 1 7 1 1 7 1
(c) TOTAL Independent Expenditures			· ·	7
Under penalty of perjury I certify that the with, or at the request or suggestion of party committee) any political party committee.	f, any candidate or authorized			
Ms. Emily Buchanan	[Electron:	ically Filed] Date		28 2014
Signature		_		

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	/omen Speak Out PAC	C C00530766
Che	eck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Lilly Green	11 26 / Y Y Y Y Y Y
	Mailing Address 205 Medallion Circle	Amount
	City State Zip Code	33.90
	Shreveport LA 71119	Transaction ID: afe65593-c8a1-4a2a-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	11 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	
	Full Name of Payee	Other (specify) ► Date of Public Distribution/Dissemination
	Maegan E McDaniel	11 26 2014
	Mailing Address 3009 Skelly St	Amount 20 2014
l	City State Zip Code	60.00
	Shreveport LA 71107	Transaction ID: 8cb6b000-fecb-4e27-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	11 26 2014
	Name of Federal Candidate Support Office	e Sought: House District:00
		President State: LA
		ursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	93.90
,	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	1 28 2014
_	Signature	

PAGE 13

OF

Schedule E)	AI LIIDI. 0			PAGE 14 OF 37 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
				00000700
Check if 24-hour report 48-hour report	New report A	mends repor	t filed on	D = D / Y = Y = Y
Full Name of Payee Maegan E McDaniel			Date of Public	Distribution/Dissemination
			/	26 / 2014
Mailing Address 3009 Skelly St			Amount	
City Sta	te Zip Code			10.80
Shreveport L/	·			ID: 6a2cfd46-33bc-4703-a ursement or Obligation
Purpose of Expenditure Mileage	Category Type		11	26 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu	X	Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	311770.47		Disbursement For: 2014 Other (sp	Primary ☐ General
Full Name of Payee			Date of Public	c Distribution/Dissemination
Bobbie M Steinsholt			11 /	26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3009 Skelly St			Amount	
Cit. Sto	t- Zin Codo			60.00
City Sta L.				60.00 D: 57e5214d-b0b9-488c-a
Purpose of Expenditure Salary	Category	/ 001	M = M	ursement or Obligation
	Тур	9 001		26 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu	X	Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	311770.	47	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			>	70.80
(b) SUBTOTAL of Unitemized Independent Expenditures.			>	
(a) TOTAL Independent Evoenditures				
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	authorized committee			
Ms. Emily Buchanan	[Electronically Filed]	Date	11 28	2014
Signature				

Schedule E)		PAGE 15 OF 37 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report to	filed on filed on
Full Name of Payee Sheri J Peace		Date of Public Distribution/Dissemination
		11 26 / Y Y Y Y Y
Mailing Address 9685 Paula St		Amount
City State	e Zip Code	105.00
Keithville LA	71047	Transaction ID : 154b54fc-0994-4b59-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 26 7 2014
Name of Federal Candidate	Support C	Office Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Sheri J Peace		11 26 2014
Mailing Address 9685 Paula St		
		Amount
City State	e Zip Code	55.20
Keithville LA	71047	Transaction ID : 347db8df-1c29-4d94-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 / 26 / 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
-		
(a) SUBTOTAL of Itemized Independent Expenditures		160.20
(b) SUBTOTAL of Unitemized Independent Expenditures		
() TOTAL to do not deal Emparathmen		
(c) TOTAL Independent Expenditures		7 7 7
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.	authorized committee or agent of e	
Ms. Emily Buchanan	[Electronically Filed] Date	11 28 2014
Signature		

Schedule E)	TI EXI END	TOTILO		PAGE 16 OF 37 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on /	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
ERIC TABARY			M M /	26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6101 NORA ST			Amount	
City	State	Zip Code		65.00
METAIRIE	LA	70003		D: 594223db-76b7-4b5b-b rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	26 / Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	3	11770.47	Disbursement For: 2014 Other (sp.	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
ERIC TABARY			11 /	26 / 2014
Mailing Address 6101 NORA ST			Amount	
City	State	Zip Code		2.70
METAIRIE	LA	70003		D: 3baf6172-e799-481b-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	26 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	311770.47	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es			67.70
.,			7	4 -
(b) SUBTOTAL of Unitemized Independent Expend	itures)	4
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 28	2014
- 9				

Schedule E)	W EXI END	TOTILO		PAGE 17 OF 37 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee Jessica R Resendiz			M	Public Distribution/Dissemination
Mailing Address 9685 Paula St			Amount	1 26 2014
City.	Ctoto	Zin Codo		100.00
City Keithville	State LA	Zip Code 71047		100.00 ction ID: 32d51720-6f92-4fc9-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	11 26 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presider	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	3	11770.47	Disbursement 2014 Oth	For: Primary X General Der (specify) ►
Full Name of Payee			Date of	Public Distribution/Dissemination
Jessica R Resendiz				11 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9685 Paula St			Amoun	t
City	State	Zip Code		91.50
Keithville	LA	71047		tion ID: e44aab9c-24aa-4592-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		1 26 7 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	7 7	311770.47	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			191.50
(b) SUBTOTAL of Unitemized Independent Expendent	ditures			
(a) God to the original and original expenses			•	45 45 45
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 /	28 2014
5.g.iataro				

Sch	edule E)	1 EM E	101120		PAGE 18 OF 37 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC				C C00530766
Chec	ck if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	T = M / D = D / Y = Y = Y
TF	Full Name of Payee Heather Ainsworth				of Public Distribution/Dissemination
M	Mailing Address 9685 Paula St			Amou	11 26 2014 unt
	Dity	State	Zip Code		120.00
-	Keithville	LA	71047		saction ID : 7c8ef0b1-ac68-44c2-a of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 26 2014
N	Name of Federal Candidate		Support	Office Sough	nt: House District:00
	Ms. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	3	311770.47	Disbursemen 2014 O	nt For: Primary X General Other (specify) ▶
F	Full Name of Payee Heather Ainsworth				of Public Distribution/Dissemination
N	Mailing Address 9685 Paula St			Amou	
	City	State	Zip Code		52.20
	Keithville	LA	71047	Transa Date	action ID : dfb7463f-1eea-4c9e-8 of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		11 26 / 2014
١	Name of Federal Candidate		Support	Office Sough	ht: House District: 00
	Ms. Mary L Landrieu		X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought	7	311770.47	Disbursemer 2014	nt For:
(a)) SUBTOTAL of Itemized Independent Expenditures	/S		· [172.20
(b)	substotal of Unitermized Independent Expenditure	ures		.	1 4 1 4 1 4
(c)) TOTAL Independent Expenditures			· [7
wit	nder penalty of perjury I certify that the independer th, or at the request or suggestion of, any candidat arty committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 11 /	28 2014
	Signature				

Schedule E)	LAFLINDI			PAGE 19 OF 37 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	/
Full Name of Payee Christopher Marquess			Date of F	
Mailing Address 110 W Pecan St			Amount	26 2014
011	01-1-	7'- 0-1-		50.00
City Ville Platte	State LA	Zip Code 70586		50.00 ion ID : 8b44f62f-6ff8-45ba-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, 3	11770.47	Disbursement For 2014 Othe	or:
Full Name of Payee Christopher Marquess			M	
Mailing Address 110 W Pecan St			Amount	26 2014
City	State	Zip Code		36.30
Ville Platte	LA	70586		on ID : 07120ffa-928e-483e-a Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		311770.47	Disbursement F 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expenditures			.	86.30
(b) SUBTOTAL of Unitemized Independent Expenditure	res		·	
(c) TOTAL Independent Expenditures				7 1 7 1 7 1
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan Signature	[Electroni	cally Filed] Date		28 / Y Y Y Y Y Y Y 2014

Scl	hedule E)	L/(1 L () .	101120		PAGE 20 OF 37 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report 48-hour report	X New repo	ort Amends	report filed	I on M M / D D / Y Y Y Y Y
T	Full Name of Payee Christopher L Gilbert				Date of Public Distribution/Dissemination
ŀ	Mailing Address 55 Lovell Johnson Rd				11 26 2014 Amount
ŀ	City	State	Zip Code		80.00
		MS	39466		Transaction ID : 486a97fe-acbc-4d9f-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	11 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate		Suppoi	ort Office	e Sought: House District: 00
	Ms. Mary L Landrieu		X Oppos		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	3	311770.47	Disbu 2014	ursement For: Primary X General Other (specify) ▶
	Full Name of Payee Christopher L Gilbert Mailing Address 55 Lovell Johnson Rd				Date of Public Distribution/Dissemination
	Mailing Address 55 Lovell Johnson Rd				Amount
	City	State	Zip Code		47.40
		MS	39466		Transaction ID : 57686eef-75fb-4f21-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002	11 / 26 / Y Y Y Y Y
Ī	Name of Federal Candidate		Suppo	ort Offic	e Sought: House District: 00
	Ms. Mary L Landrieu		X Oppos		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		311770.47	Disbi 2014	ursement For: Primary
((a) SUBTOTAL of Itemized Independent Expenditures			······ >	127.40
((b) SUBTOTAL of Unitemized Independent Expenditure	∋s		······ >	
((c) TOTAL Independent Expenditures			······ >	
W	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ago	or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed]	Date 1	11 28 2014
	Signature				

Schedule E)	INDEFENDENT EXPEND	ITORES	PAGE 21 OF 37 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	,		C C00530766
Check if 24-hour report	48-hour report New rep	ort Amends repo	t filed on
Full Name of Payee Jennifer F Gilbert			Date of Public Distribution/Dissemination
Mailing Address 180 McNeil Ste	eep Hollow Rd		11 26 2014 Amount
City	State	Zip Code	50.00
Carriere	MS	39426	Transaction ID : c96882f9-23e9-4ace-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 26 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sou	ght	311770.47	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Jennifer F Gilbert			11 26 Y Y Y Y Y
Mailing Address 180 McNeil S	Steep Hollow Rd		Amount
City	State	Zip Code	39.60
Carriere	MS	39426	Transaction ID: 073aeb0a-a66f-4885-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 26 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sou	ght	311770.47	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Inde	pendent Expenditures		89.60
(b) SUBTOTAL of Unitemized In	dependent Expenditures		
			4 4
(c) TOTAL Independent Expendi	tures		>
	tion of, any candidate or authorized		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	INI EXI END	ITOTILO		PAGE 22 OF 37 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pul	blic Distribution/Dissemination
Gregory Green			M M 11	/ 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2506 Bolch Street			Amount	
City	State	Zip Code		80.00
Shreveport	LA	71104		n ID: 4806346b-9108-4c03-a sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	26 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	· · · · · · · · · · · · · · · · · · ·	311770.47	Disbursement For 2014 Other (: Primary X General (specify) ▶
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Gregory Green			11	26 / 2014
Mailing Address 2506 Bolch Street			Amount	
City	State	Zip Code		57.60
Shreveport	LA	71104		ID: 21f21266-b6f3-40c4-b sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 11	/ 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	311770.47	Disbursement For 2014 Other	:
(a) SUBTOTAL of Itemized Independent Expendi	tures			137.60
				7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		• •	7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any canoparty committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 28	

Schedule E)	INI EXI END	ITOTILO	<u> </u>	PAGE 23 OF 37 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC	00530766			
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on/	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Julia Perry			M M /	26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2046 Perrin St Apt C			Amount	
City	State	Zip Code		100.00
Shreveport	LA	71101	I	: 71e68009-bd1b-4037-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	26 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	3	311770.47	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Julia Perry			M M /	26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2046 Perrin St Apt C			Amount	
City	State	Zip Code		7.50
Shreveport	LA	71101		: d24ad6cd-40b4-4753-b sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	26 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	311770.47	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			107.50
,,			7	7 -
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•	
(c) TOTAL Independent Expenditures			•	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 28	2014
-				

Schedule E)	NI EXPEND	JII UNES	PAGE 24 OF 37 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee John K Necaise III			Date of Public Distribution/Dissemination
Mailing Address 1905 Franklin Ave			11 26 2014 Amount
City	State	Zip Code	55.00
New Orleans	LA	70117	Transaction ID : 822681c0-5a60-47fe-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	311770.47	Disbursement For: Primary
Full Name of Payee			Date of Public Distribution/Dissemination
John K Necaise III			11 26 2014
Mailing Address 1905 Franklin Ave			Amount
City	State	Zip Code	11.46
New Orleans	LA	70117	Transaction ID: 02a10dc3-ea84-4b6f-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		311770.47	Disbursement For: Primary General 2014
(a) SUBTOTAL of Itemized Independent Expenditu	ures		66.46
(b) SUBTOTAL of Unitemized Independent Expen	ditures		>
(c) TOTAL Independent Expenditures			·
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan	[Electro	nically Filed] Date	11 28 2014
Signature			

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۷	omen Speak Out PAC	C C00530766
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
T	Full Name of Payee Joshua J Huffman	Date of Public Distribution/Dissemination
		11 26 2014
	Mailing Address 211 Dixie Ave	Amount
ŀ	City State Zip Code	60.00
	Harrisonburg VA 22801	Transaction ID : 327af3c1-486b-4d4e-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	11 26 7 2014
ľ	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms Mary Llandrieu	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For:
ľ	Full Name of Payee Felicia A Jones	Date of Public Distribution/Dissemination
	Mailing Address 4106 Martha St	11 26 2014 Amount
ŀ	City State Zip Code	80.00
	Shreveport LA 71109	Transaction ID: 35215b78-d4d3-4d0f-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	11 26 7 2014
ľ	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement For: Primary
((a) SUBTOTAL of Itemized Independent Expenditures	140.00
((b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not ma vith, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	28 2014
	Signature	

PAGE

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OF

Schedule E)	TI OI INDEFENDEN	LAFLIND	TORLS		PAGE 26 OF 37 FOR SE OF FORM 24/48
NAME OF COMMITTEE (I	,				FEC IDENTIFICATION NUMBER ▼
Women Speak Ou	ıt PAC				C C00530766
Check if 24-hour repo	rt 48-hour report	New repo	ort Amends repo		N = M / D = D / Y = Y = Y
Full Name of Payee Felicia A Jones					of Public Distribution/Dissemination
Mailing Address 4106	Martha St			Amou	11 26 2014 unt
City		State	Zip Code		10.50
Shreveport		LA	71109		saction ID : 39138ecf-6dba-48a3-8 of Disbursement or Obligation
Purpose of Expenditure Mileage	9		Category/ Type 002		11 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Cand	lidate		Support	Office Sough	nt: House District: 00
Ms. Mary L Landrieu			X Oppose	Presid	ent Senate State: LA
Calendar Year-To- Per Election for C		3	11770.47	Disbursemer 2014	nt For:
Full Name of Payee				Date	of Public Distribution/Dissemination
Michael Vidrine				[11 26 7 2014
Mailing Address 110	3 West Wilson Street			Amou	unt
City		State	Zip Code		80.00
Ville Platte		LA	70586		action ID: 3834b587-3c7d-460c-a of Disbursement or Obligation
Purpose of Expenditur Salary	е		Category/ Type 001		11 26 / 2014
Name of Federal Cand	lidate		Support	Office Sough	nt: House District: 00
Ms. Mary L Landrieu			X Oppose	Presid	lent Senate State: LA
Calendar Year-To- Per Election for C		, , ,	311770.47	Disbursemen 2014	nt For:
(a) SURTOTAL of Itom	zed Independent Expenditure	20			00.50
(a) SOBIOTAL OF REITH	zed independent Expenditure	55			90.50
(b) SUBTOTAL of Unite	emized Independent Expendi	tures		··· •	7 1 7 1 5
(c) TOTAL Independent	Expenditures			··· •	7 7 7
with, or at the request of		ate or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Emily E	uchanan	[Electron	ically Filed] Date	e 11 /	28 / Y Y Y Y Y Y 2014

Schedule E)				PAGE 27 OF 37 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼		
Women Speak Out PAC						
heck if X 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee Michael Vidrine			Date	of Public Distribution/Dissemination		
				11 26 2014		
Mailing Address 1103 West Wilson Street			Amou	nt		
City	State	Zip Code	$-\Gamma$	33.00		
Ville Platte	LA	70586		action ID: 8756f432-a695-4864-b of Disbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002		11 26 / 2014		
Name of Federal Candidate		Support	Office Sough	it: House District: 00		
Ms. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought	3	11770.47	Disbursemer 2014	tt For:		
Full Name of Payee			Date	of Public Distribution/Dissemination		
Francesca Blom				11 26 2014		
Mailing Address 101 Asbury Ct			Amou	int		
City	State	Zip Code		107.50		
Winchester	VA	22602		action ID : f5f4057e-5c84-4fb7-9 of Disbursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001		11 26 2014		
Name of Federal Candidate		Support	Office Sough	nt: House District: 00		
Ms. Mary L Landrieu		X Oppose	Presid	ent Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought	, , ,	311770.47	Disbursemer 2014	nt For:		
(a) SUBTOTAL of Itemized Independent Expenditures	\$			140.50		
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· ·			
(c) TOTAL Independent Expenditures			· -			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized					
Ms. Emily Buchanan Signature	[Electroni	ically Filed] Date	11 /	28 / 2014		

Softedule Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
Francesca Blom	11 26 2014
Mailing Address 101 Asbury Ct	ount
City State Zip Code	107.50
Winchester VA 22602 Trail	nsaction ID: d9de443c-f734-406f-9 e of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ght: House District: 00
Ms. Mary L Landrieu Presi	ident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014	ent For: Primary ⊠ General Other (specify) ▶
Full Name of Payee Date	e of Public Distribution/Dissemination
Stephanie L Heun	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 8026 S Wilwood Dr Apt 101 Ame	ount
City State Zip Code	13.00
	e of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 26 2014
Name of Federal Candidate Support Office Sou	ght: House District: 00
Ms. Mary L Landrieu Pres	sident State: LA State:
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	120.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	/ D D / Y Y Y Y Y Y Z Y Z 2014
Signature	

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OF

Sch	nedule E)	-11-	110.120		PAGE 29 OF 37 FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC				C C00530766
Chec	ck if 24-hour report 48-hour report New	w repo	ort Amends repo	rt filed or	1 M = M / D = D / Y = Y = Y
	Full Name of Payee Cathy Longtin			С	Date of Public Distribution/Dissemination
1	Mailing Address 827 Navavre Ave				11 26 2014 Amount
	City State		Zip Code	— r	70.00
- 1	New Orleans LA		70124		Fransaction ID : b9628eaa-3f15-45ff-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	Name of Federal Candidate		Support	Office S	Sought: House District: 00
	Ms. Mary L Landrieu		X Oppose	Pi	resident Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	3	311770.47	Disburse 2014	ement For:
Γ	Full Name of Payee Cathy Longtin			[Date of Public Distribution/Dissemination
-	Mailing Address 827 Navavre Ave				11 26 2014
	OZI Navavie Ave			A	Amount
	City State		Zip Code		9.00
	New Orleans LA		70124	Tr	ransaction ID : 68c4d7ba-3a3b-456e-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		11 26 / 2014
	Name of Federal Candidate		Support	Office S	Sought: House District: 00
	Ms. Mary L Landrieu		Oppose	P	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	- 7	311770.47	Disburs 2014	ement For:
				Г	
(a	SUBTOTAL of Itemized Independent Expenditures			•	79.00
(b	b) SUBTOTAL of Unitemized Independent Expenditures			•	
(c	e) TOTAL Independent Expenditures			•	
wi	nder penalty of perjury I certify that the independent expendith, or at the request or suggestion of, any candidate or author arty committee) any political party committee or its agent.				
	Ms. Emily Buchanan	ectron	ically Filed] Date	M = M	28 2014
	Signature				

FEC IDENTIFICATION NUMBER V C C00530766	ociicadic L)							FOR SE OF	FORM 24/48
C C00530766 Check if							FEC	IDENTIFICATION	ON NUMBER ▼
Full Name of Payee Windy Hageman Mailing Address 5521 Randolph St. City State Zip Code Marraro LA 70072 Purpose of Expenditure Salary Category Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought City State Zip Code Ms. Mary L Landrieu City State Zip Code Ms. Mary L Landrieu Category Collaborate City State Zip Code Ms. Mary L Landrieu Category Collaborate Calendar Year-To-Date Per Election for Office Sought City State Zip Code Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought City State City State Category Marraro Category Marraro Category Marraro City State City State Category Marraro Category Marraro Category Marraro City State City State Category Marraro City Marraro Cit	vvomen Speak C	rul PAC					C	C00530766	
Mailing Address 5521 Randolph St. City State Zip Code LA 70072 Purpose of Expenditure Salary Name of Federal Candidate September 10	Check if 24-hour rep	ort 48-hour report	New repo	rt Am	nends repo	rt filed or	n M M	/ D D /	Y Y Y Y Y
Mailing Address 5S21 Randolph St. City State Zip Code Type 001 Name of Expenditure Support State Support Calegory Oppose President Senate State: LA Calendar Year-To-Date Purpose of Expenditure Mailing Address 5S21 Randolph St. City State Zip Code President Senate State: LA Oppose Office Sought Senate State: LA Oppose	Full Name of Payee						Date of Pub	lic Distribution/	Dissemination
City State Zip Code Marrero LA 70072 Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Tansaction ID: atf15418-425-4acb-9 Date of Disbursement or Obligation Til 26 2014 Tansaction ID: atf15418-425-4acb-9 Date of Disbursement or Obligation Til 26 2014 The Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Til 26 2014 Tansaction ID: atf6418-425-4acb-9 Date of Disbursement or Obligation Til 26 2014 Tansaction ID: atf6418-425-4acb-9 Date of Public Distribution/Dissemination Til 26 2014 Amount City State Zip Code Type 002 Transaction ID: 4fee72c4-0144-496-9 Date of Disbursement or Obligation Til 26 2014 Tansaction ID: 4fee72c4-0144-496-9 Date of Disbursement or Obligation Til 26 2014 Transaction ID: 4fee72c4-0144-496-9 Date of Disbursement or Obligation Til 26 2014 Transaction ID: 4fee72c4-0144-496-9 Date of Disbursement or Obligation Til 26 2014 Transaction ID: 4fee72c4-0144-496-9 Date of Disbursement or Obligation Til 26 2014 Transaction ID: 4fee72c4-0144-496-9 Date of Disbursement or Obligation Til 26 2014 Transaction ID: 4fee72c4-0144-496-9 Date of Disbursement or Obligation Transaction ID: 4fee72c4-0144-496-9 Date of Disbursement or Obligation Til 26 2014 Transaction ID: 4fee72c4-0144-496-9 Date of Disbursement or Obligation Transaction ID: 4fee72c4-0144-496-9 Date of Disbursement or Obligation Transaction ID: 4fee72c4-0144-496-9 Date of Disbursement o									
Marrero LA 70072 Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Mailing Address 5521 Randolph St. City State Vindy Name of Expenditure Mileage Name of Federal Candidate Name of Federal Candidate Name of Payee Windy Hageman Calendar Year-To-Date Purpose of Expenditure Mileage Name of Federal Candidate Support Mileage Calegory/ Vipe ODZ Transaction ID: 4feet22-4-acb-2 Date of Public Distribution/Dissemination Transaction ID: 4feet22-4-acb-4 Date of Public Distribution/Dissemination	Mailing Address 552	1 Randolph St.				A	Amount		
Marrero LA 70072 Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Mailing Address 5521 Randolph St. City State Vindy Name of Expenditure Mileage Name of Federal Candidate Name of Federal Candidate Name of Payee Windy Hageman Calendar Year-To-Date Purpose of Expenditure Mileage Name of Federal Candidate Support Mileage Calegory/ Vipe ODZ Transaction ID: 4feet22-4-acb-2 Date of Public Distribution/Dissemination Transaction ID: 4feet22-4-acb-4 Date of Public Distribution/Dissemination	City	Sta	ate 2	Zip Code					12.50
Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought City State City Marrero LA Too72 Purpose of Expenditure Mileage Name of Federal Candidate Ms. Mary L Landrieu City State LA Too72 Purpose of Expenditure Mileage Name of Federal Candidate Ms. Mary L Landrieu Category/ Ms. Mary L City State Category/ Mileage Category/ Mileage Category/ Mileage Category/ Ms. Mary L Companies Category/ Mary L Code Transaction ID: 4feer2c4-0144-4866-9 Date of District Mary Landrieu City Code Transaction ID: 4feer2c4-0144-4866-9 Date of Date of Public Distribution/Dissemination To Code Transaction ID: 4feer2c4-0144-4866-9 Date of Date of Public Distribution/Dissemination To City Transaction ID: 4feer2c4-0144-4866-9 Date of Date of Public Distribution/Dissemination To City Tarsaction ID: 4feer2c4-0144-4866-9 Date of Public Distribution/Dissemination To City Tarsaction ID: 4feer2c4-0144-4866-9 Date of Public Distribution/Dissemination To City To City Tarsaction ID: 4feer2c4-0144-4866-9 Date of Date of Public				•					-e425-4acb-9
Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Windy Hageman Mailing Address 5521 Randolph St. City State LA 70072 Purpose of Expenditure Mileage Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Purpose of Expenditure Mileage Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Transaction ID: 4fee72c4-0144-48e6-9 Date of Disbursement or Obligation Transaction ID: 4fee72c4-0144-48e6-9 Date of Disbursement or Obligation Mileage Category/ Type 002 Transaction ID: 4fee72c4-0144-48e6-9 Date of Disbursement or Obligation Mileage Category/ Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Tother (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Tother Primary Senate State: Amount Transaction ID: 4fee72c4-0144-48e6-9 Date of Disbursement For: 2014 Transaction ID: 4fee72c4-0144-48e6-9 Date of Disbursement or Obligation Transaction ID: 4fee72c4-0144-48e6-9 Date of Disbursement For: 26		ire			001		M = M	/ D D /	Y Y Y Y
Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought State Zip Code Marrero LA 70072 Purpose of Expenditure Mileage Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Purpose of Expenditure Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar	Name of Federal Car	ndidate			Support	Office S	Sought:	House	District: 00
Per Election for Office Sought Support Per Election for Office Public Distribution/Dissemination	Ms. Mary L Landrieu						_		State: LA
Full Name of Payee Windy Hageman Mailing Address 5521 Randolph St. City State Zip Code Marrero LA 70072 Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Date of Public Distribution/Dissemination 11.10 Amount Transaction ID : 4fee72c4-0144-4866-9 Date of Disbursement of Obligation Transaction ID : 4fee72c4-0144-4866-9 Date of Disbursement of Obligation Transaction ID : 4fee72c4-0144-4866-9 Date of Disbursement of Obligation Transaction ID : 4fee72c4-0144-4866-9 Date of Disbursement of Obligation Transaction ID : 4fee72c4-0144-4866-9 Date of Disbursement of Obligation Transaction ID : 4fee72c4-0144-4866-9 Date of Disbursement of Obligation Transaction ID : 4fee72c4-0144-4866-9 Date of Disbursement of Obligation Transaction ID : 4fee72c4-0144-4866-9 Date of Disbursement of Obligation Transaction ID : 4fee72c4-0144-4866-9 Date of Disbursement of Obligation Transaction ID : 4fee72c4-0144-4866-9 Date of Disbursement of Obligation Transaction ID : 4fee72c4-0144-4866-9 Date of Disbursement of Obligation Transaction ID : 4fee72c4-0144-4866-9 Date of Disbursement of Obligation Transaction ID : 4fee72c4-0144-4866-9 Date of Disbursement of Obligation Transaction ID : 4fee72c4-0144-4866-9 Date of Disbursement of Obligation Transaction ID : 4fee72c4-0144-486-9 Date of Disbursement of Disbursement of Obligation Transaction ID : 4fee72c4-0144-486-9 Date of Disbursement of Disbursement of Disbursement of Disb			31	11770.47			_		X General
Windy Hageman Mailing Address 5521 Randolph St. City State Zip Code Amount City State Zip Code Transaction ID: 4fee72c4-0144-48e6-9 Date of Disbursement or obligation Purpose of Expenditure Mileage Support Supp	Full Name of Poyce		,			<u> </u>			Discomination
Mailing Address 5521 Randolph St. City State Zip Code Transaction ID: 4fee7zc4-0144-48e6-9 Date of Date of Disbursement or Obligation Purpose of Expenditure Mileage Support Mileage Support Mileage Support Ms. Mary L Landrieu Support Ms. Mary L Landrieu Soppose President Senate State: LA Calendar Year-To-Date Per Election for Office Sought 311770.47 (a) SUBTOTAL of Itemized Independent Expenditures Support Ms. Mary L Cartify that the independent expenditures (c) TOTAL Independent Expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		ın					M = M	/ D D /	Y Y Y Y Y
Marrero LA 70072 Transaction ID: 4fee72c4-0144-48e6-9 Date of Disbursement or Obligation Purpose of Expenditure Mileage Name of Federal Candidate Ms. Mary L Landrieu Calegory/ Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Transaction ID: 4fee72c4-0144-48e6-9 Date of Disbursement or Obligation Office Sought: House District: _00 President	Mailing Address 55	521 Randolph St.						20	2014
Purpose of Expenditure Mileage Name of Federal Candidate	City	Sta	ate	Zip Code					1.50
Purpose of Expenditure Mileage Category/ Type 002			_A	70072		TI	ransaction Date of Disk	ID: 4fee72c4-bursement or 0	0144-48e6-9 Obligation
Ms. Mary L Landrieu Calendar Year-To-Date President Senate State: LA		ure			002]	M = M	/ D D /	YYYY
Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought 311770.47 Disbursement For: Primary General 2014 Other (specify) Per Election for Office Sought 14.00	Name of Federal Car	ndidate	<u> </u>		Support	Office S	Sought:	House	District: 00
Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures	Ms. Mary L Landrieu						-		
(b) SUBTOTAL of Unitemized Independent Expenditures				311770.4	7		_		General
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date M M M M M M M M M M M M M M M M M M M	(a) SUBTOTAL of Iter	nized Independent Expenditures				• [14.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date MMMM 28 2014	(b) SUBTOTAL of Uni	temized Independent Expenditures	;			· • [
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Man	(c) TOTAL Independe	nt Expenditures				• [
[Electronically Filed] Date 11 28 2014	with, or at the request	or suggestion of, any candidate of	r authorized						
Duto 1.1	Ms. Emily	Buchanan	[Electronic	cally Filed]	Date	11			
	Signature								

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	medule L)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if Z 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Carl Brent	11 26 2014
	Mailing Address 6718 Lake Willow Dr	Amount
	City State Zip Code	80.00
	New Orleans LA 70126	Transaction ID : 3a46806c-fa11-4312-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	11 / 26 / Y 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	044770 47	ursement For: Primary X General
	Per Election for Office Sought 311770.47 2014	Other (specify)
	Full Name of Payee Carl Brent	Date of Public Distribution/Dissemination
	Mailing Address 6718 Lake Willow Dr	11 26 2014
		Amount
	City State Zip Code	16.50
	New Orleans LA 70126	Transaction ID: 2cfef651-b75e-42b2-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	11 26 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbu	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	96.50
	(b) SUBTOTAL of Unitemized Independent Expenditures	1 7 1 1 7 1 7
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not mount with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	(F) 4 · 11 F · 11	1 28 2014
	Signature	2017

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		FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VVC	omen Speak Out PAC	C C00530766
Chec	k if X 24-hour report 48-hour report New report Amends report filed	on Man / Dad / Yayayay
	full Name of Payee	Date of Public Distribution/Dissemination
	Hannah J Landry	11 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	Mailing Address 1110 N Coolidge	Amount
	Sity State Zip Code	70.00
1	Gonzales LA 70737	Transaction ID: 700ab2c6-b30b-4877-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	11 / 26 / 2014
١	lame of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement For: Primary
	Hannah J Landry	Date of Public Distribution/Dissemination
N	Mailing Address 1110 N Coolidge	Amount
	City State Zip Code	48.00
ı	Gonzales LA 70737	Transaction ID: df778464-dec3-4036-9 Date of Disbursement or Obligation
_	Purpose of Expenditure Mileage Category/ Type 002	11 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	Name of Federal Candidate Support Office	e Sought: House District: 00
Ľ	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	orsement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	118.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c	TOTAL Independent Expenditures	
wit	nder penalty of perjury I certify that the independent expenditures reported herein were not math, or at the request or suggestion of, any candidate or authorized committee or agent of either try committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date Signature	1 28 2014
		

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	Siledule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
٧	Vomen Speak Out PAC	C C00530766
Ch	neck if X 24-hour report 48-hour report New report Amends report file	d on
	Full Name of Payee	Date of Public Distribution/Dissemination
	Mary C Lee	11 26 2014
	Mailing Address 1030 N Coolidge Ave	Amount
	City State Zip Code	75.00
	Gonzales LA 70737	Transaction ID : 9f7b2833-f4fe-43f3-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	11 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Offic	ce Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disb. 2014	oursement For: Primary X General
	Per Liection for Office Sought	Other (specify) ▶
	Full Name of Payee Mary C Lee	Date of Public Distribution/Dissemination
	Mailing Address 1030 N Coolidge Ave	11 26 2014 Amount
	City State Zip Code	6.00
	Gonzales LA 70737	Transaction ID : bc4b8b04-1665-4c5c-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	11 26 2014
	Name of Federal Candidate Support Office	ce Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disk 201	oursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	81.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	(F) 4 · 11 F) 11	11 28 2014
	Signature	

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OF

Schedule E)	NI EXI END	TTOTILO	PA FO	GE 34 OF 37 R SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDENT	TIFICATION NUMBER ▼		
Women Speak Out PAC	C C00530766					
heck if X 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee Laura U Logie				stribution/Dissemination		
Mailing Address 2565 Shire Circle			11	26 2014		
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 2 Date of Disbursen	50.00 24111a5e-137b-4fd3-8		
Purpose of Expenditure Salary		Category/ Type 001		26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought:	louse District: 00		
Ms. Mary L Landrieu		Oppose		Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought	;	311770.47	Disbursement For: 2014 Other (specify	Primary		
Full Name of Payee	<u> </u>		Date of Public Dis	stribution/Dissemination		
Christine Stevens			M M / D	26 / 2014		
Mailing Address 100 Asbury Ct			Amount			
City	State	Zip Code		70.00		
Winchester	VA	22602		dbf7ecd-c58e-4fd1-8 ment or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	11 / 1	26 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Mary L Landrieu		X Oppose	President X S	Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought	7	311770.47	Disbursement For: 2014 Other (specify	Primary		
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		.	120.00		
(b) SUBTOTAL of Unitemized Independent Expen-	diturae		7	7		
(b) SOBIOTAL OF OFFICE HILLER HILLER LEXPERIT	iliules		•			
(c) TOTAL Independent Expenditures)	7 1 2		
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized					
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 28	2014		
- 3						

Schedule E)	VI EXI END	ITOTILO		PAGE 35 OF 37 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼		
Women Speak Out PAC	C C00530766					
heck if X 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee Jazmine d Conner			M = M	c Distribution/Dissemination		
Mailing Address 100 ASBURY CT			Amount	26 2014		
City	Ctoto	Zin Codo		70.00		
City WINCHESTER	State VA	Zip Code 22602		ID: 3212b2fb-bb78-47a5-a ursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	M M M	26 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Mary L Landrieu		Oppose		Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought	, ;	311770.47	Disbursement For: 2014 Other (sp	Primary		
Full Name of Payee	_		Date of Publi	c Distribution/Dissemination		
Jon E Conner			11	26 2014		
Mailing Address 100 Asbury Ct			Amount			
City	State	Zip Code		70.00		
Winchester	VA	22602		D: 967e3482-bdc8-405e-b ursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	11	26 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District:00		
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought	7 7	311770.47	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditure	'es		·	140.00		
(b) SUBTOTAL of Unitemized Independent Expend	itures					
(c) TOTAL Independent Expenditures			>	1 4 1 4		
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized					
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 28	2014		
Olgitature						

Schedule E)				PAGE 36 OF 37 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼			
Women Speak Out PAC			C				
Check if 24-hour report 48-hour report	heck if Z 24-hour report 48-hour report X New report Amends report filed on						
Full Name of Payee Rodney O Culbreath			Date of P	Public Distribution/Dissemination			
Mailing Address 100 Asbury Ct			Amount	26 2014			
Cian	State	Zip Code		70.00			
City Winchester	VA	22602		ion ID: 0786048b-ebed-4c5d-9 Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	11				
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Mary L Landrieu		Oppose	President	Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	, ,	311770.47	Disbursement For 2014 Other	or: Primary X General r (specify) ▶			
Full Name of Payee Rodney D Culbreth			M = 1				
Mailing Address 100 Asbury CT			Amount	26 2014			
3200 Dam Neck Rd							
City Winchester	State VA	Zip Code 22602		70.00 on ID : 50975554-ef7d-440b-a Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	Date of L				
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Mary L Landrieu		Oppose	President	Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	, , ,	311770.47	Disbursement For 2014 Othe	or:			
(a) SUBTOTAL of Itemized Independent Expenditure)S		• [140.00			
(b) SUBTOTAL of Unitemized Independent Expendit	:ures			7 1 7 1 7			
(c) TOTAL Independent Expenditures			·	7 1 7 1 7			
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized						
Ms. Emily Buchanan	[Electron	nically Filed] Date		28 2014			
Signature							

Mailing Address 100 Asbury Ct City State Zip Code Transaction ID: 115552b-dc44-4890-Date of Disbursement or Obligation Personal Purpose of Expenditure Salary		include Ly			FOR SE OF	FORM 24/48		
Check if				FEC	IDENTIFICATION	ON NUMBER ▼		
Full Name of Payee Rze Culbreath Mailing Address 100 Asbury Ct City State Zip Code Soling Category/ Type 001 Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Brieshauna M Stevens Mailing Address 1703 Torrey Pines Ct City State Zip Code Category/ Type 001 Name of Federal Candidate Ms. Mary L Landrieu Category State Support Category State Support Category State State State: City State Zip Code Purpose of Expenditure Salary Full Name of Payee Brieshauna M Stevens Mailing Address 1703 Torrey Pines Ct City State Zip Code Purpose of Expenditure Salary Category On On State State: Category On	۷۱	romen Speak Out PAC		С	C00530766			
Mailing Address 100 Asbury Ct	Check if Z 24-hour report 48-hour report New report Amends report filed on							
Mailing Address 100 Asbury Ct City State Zip Code Winchester VA 22602 Transaction ID: 11555d2b-d44-4890-20te of Disbursement or Obligation District: 00 Purpose of Expenditure Salary Category/ District Office Sought II 25 7 2014 Name of Federal Candidate Spreaditure Support Office Sought Senate State: LA Category Senate S	\neg		Date o	of Pub	olic Distribution	/Dissemination		
City State Zip Code Winchester VA Z2602 Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Category/ Type Ontice Sought: House District: Of President Senate State: Amount Amount Amount Transaction ID: 115552b-dc4-44-890- Date of Disbursement or Obligation President Senate State: Amount Calendar Year-To-Date Per Election for Office Sought Tit 28 / 2014 Amount Disbursement For: Primary Gene President Senate State: Amount City State Zip Code Reston VA 20190 Transaction ID: 1714fda4-4532-4932-8 Date of Public Distribution/Dissemination Transact								
Winchester VA 22602 Transaction ID : 115b5d2b-dc44-4890-bale of Disbursement of Obligation Purpose of Expenditure Support Salary Office Sought House District Office Other (specify) President Senate State Lambridary Other (specify) Ot		Mailing Address 100 Asbury Ct	Amount					
Winchester VA 22602 Transaction ID : 115b5d2b-dc44-4890-bale of Disbursement of Obligation Purpose of Expenditure Support Salary Office Sought House District Office Other (specify) President Senate State Lambridary Other (specify) Ot	ŀ	City State Zip Code	Γ.			70.00		
Purpose of Expenditure Salary Category/ Type		·	Transaction ID : f15b5d2b-dc44-4890-a					
Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought State: LA Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Brieshauna M Stevens Mailing Address 1703 Torrey Pines Ct City State Zip Code Reston VA 20190 Transaction ID: 87/4fda4-45a2-4932-8 Date of Public Distribution/Dissemination Transaction ID: 87/4fda4-45a2-4932-8 Date of Disbursement For: Category/ Transaction ID: 87/4fda4-45a2-4932-8 Date of Disbursement or Obligation Transaction ID: 87/4fda4-45a2-4932-8 Date of Disburs		Salary Category/ 001	М	- M	/ D D /	YYYY		
Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Pull Name of Payee Brieshauna M Stevens Mailing Address 1703 Torrey Pines Ct City State Zip Code Purpose of Expenditure Salary Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Ms. Mary L Candidate Ms. Mary L Candidate Ms. Mary L Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Electio		Name of Federal Candidate Support Office	Sought	ì:	House	District:00		
Per Election for Office Sought Full Name of Payee Brieshauna M Stevens Mailing Address 1703 Torrey Pines Ct City State Zip Code Reston VA 20190 Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury certify that the independent expenditures reported herein were not made in cooperation, consultation, or conceiving party committee) any political party committee or its agent.			_			State: LA		
Full Name of Payee Brieshauna M Stevens Mailing Address 1703 Torrey Pines Ct City State Zip Code Reston VA 20190 Purpose of Expenditure Salary Category/ 001 Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures or any andidate or authorized committee or agent of either, or (if the reporting entity is not a politic party committee) any political party committee or its agent.		Calcindal Ical Io Bate						
City State Zip Code Reston VA 20190 Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or conce with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a politic party committee) any political party committee or its agent.		Brieshauna M Stevens			Date of Public Distribution/Dissemination			
Reston VA 20190 Transaction ID: 87/4/da4-45a2-4932-8 Date of Disbursement or Obligation Tansaction ID: 87/4/da4-45a2-4932-8 Date of Disbursement or Obligation Type 001 Ty		Mailing Address 1703 Torrey Pines Ct	Amour	nt				
Purpose of Expenditure Salary Date of Disbursement or Obligation Purpose of Expenditure Date of Disbursement or Obligation Date of Disbursement Date of Dat								
Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Unitemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concewith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a politic party committee) any political party committee or its agent.								
Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Senate State: LA		Salany Odlegory 001	M	- M	/ D D /	Y Y Y Y		
Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought 311770.47 Disbursement For: Primary 2014 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures		Name of Federal Candidate Support Office	Sought	t:	House	District: 00		
Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures			_					
(b) SUBTOTAL of Unitemized Independent Expenditures		Calendar Year-To-Date Disbut				General		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or conce with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a politic party committee) any political party committee or its agent.	(a) SUBTOTAL of Itemized Independent Expenditures							
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or conce with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a politic party committee) any political party committee or its agent.	(b) SUBTOTAL of Unitemized Independent Expenditures							
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a politic party committee) any political party committee or its agent.	((c) TOTAL Independent Expenditures				3797.66		
Ms. Emily Buchanan	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
[Electronically Filed] Date 11 28 2014		Ms. Emily Buchanan [Electronically Filed] Date 1	M /					
Signature		Bato						

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